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U.S. PTO

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Commissioner for Patents
P.O. Box 1450
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Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Beedon, et. al.

For: PISTON ASSEMBLY FOR SYRINGE

UTILITY PATENT

Date: 02/27/04
File No. **CLS-6006**

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

2/27/2004 EE 767357853 US
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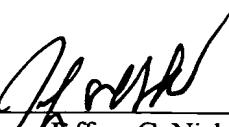
(X) 26 pages of specification, including 19 claims and an abstract.
 () an executed oath or declaration, with power of attorney.
 (X) an unexecuted oath or declaration, with power of attorney.
 (X) 4 sheet(s) of informal drawing(s).
 () sheet(s) of formal drawings(s).
 () Assignment(s) of the invention to Baxter International Inc.
 () Assignment Form Cover Sheet.
 () A check in the amount of \$ 0.00 to cover the fee for recording the assignment(s) is enclosed.
 () Information Disclosure Statement.
 () Form PTO-1449 and cited references.
 () Associate power of attorney.
 () Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee	\$ 770.00
b) Independent Claims <u>2</u> - <u>3</u> = <u>0</u> x \$ 86.00 = \$ <u>0.00</u>	
c) Total Claims <u>19</u> - <u>20</u> = <u>0</u> x \$ 18.00 = \$ <u>0.00</u>	
d) Fee for Multiple Dependent Claims	\$280.00 = \$ <u>0.00</u>
	Total Filing Fee \$ <u>770.000</u>

() Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$
 () A check in the amount of \$ to cover the filing fee is enclosed.
 (X) Charge \$770.00 to Deposit Account No. 02-1440.
 () Other .
 (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 02-1440. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-1440. A duplicate copy of this sheet is enclosed.

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